

SENIOR CITIZENS SERVICES APPLICATION

We are pleased that you wish to participate in the Senior Citizens Services Program and hope that we will be able to serve you.

We need the following to determine if you are eligible for free services or services at a discount. You are eligible to apply:

1. If you are 60 years of age and employed not more than 20 hours a week
2. If you are 65 years of age or older.

STEP 1	NAME LAST FIRST MIDDLE				AGE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE (MM/DD/YYYY)
	MAILING ADDRESS (STREET, APT)				CITY	STATE	ZIP CODE
	TELEPHONE						
	RACE: VOLUNTARY (PLEASE CHECK ONE) <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Chicano <input type="checkbox"/> Asian <input type="checkbox"/> Other						
IF AGE 60, BUT NOT YET 65, PLEASE ANSWER THE FOLLOWING <input type="checkbox"/> Not employed <input type="checkbox"/> Employed: <input type="checkbox"/> 20 hours per week or less. <input type="checkbox"/> More than 20 hours per week.							
STEP 2	NUMBER OF PERSONS IN HOUSEHOLD (CHECK NUMBER AND ANSWER APPROPRIATE QUESTIONS)						
			CHECK ONE			YES	NO
	Total liquid and convertible assets worth less than:		<input type="checkbox"/> One (1) person		\$10,000	<input type="checkbox"/>	<input type="checkbox"/>
	Do not include resident home, automobile, or cash surrender value of life insurance.		<input type="checkbox"/> Two (2) persons		\$15,000	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Three (3) persons		\$16,000	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Four (4) persons		\$17,000	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Five (5) persons		\$18,000	<input type="checkbox"/>	<input type="checkbox"/>	
If answer yes, you may be eligible for services at less than cost.							
TOTAL MONTHLY INCOME IS: \$ _____							
TO BE COMPLETED BY COUNSELOR/VENDOR							
You will be required to pay _____% of the cost of each service.							
STEP 3	DEPARTMENT OF SOCIAL AND HEALTH SERVICES STATEMENT						
	The information you have provided is used to determine your eligibility for services provider under the Senior Citizens Services Act. The information may also be used to compile statistics and otherwise assist in the administration of the program. Personal information will be treated in a strictly confidential manner in accordance with Washington State law. The Department of social and health Services may contact you at a later date to review your eligibility.						
	APPLICANT'S STATEMENT OF UNDERSTANDING I have read and understand the above and declare the information furnished by me is true and complete to the best of my knowledge.						
	APPLICANT'S SIGNATURE		DATE		SIGNING FOR APPLICANT		
APPLICATION COUNSELOR/VENDOR This application has been reviewed for accuracy.							
DSHS/VENDOR AUTHORIZED REPRESENTATIVE		DATE		VENDOR NAME			

When you apply for the Senior citizens Services Program, you have certain rights which you are entitled to have respected. You also have certain responsibilities which you must carry out in order to be eligible for and to continue to receive services.

YOUR RIGHTS - YOU HAVE THE RIGHT TO:

1. Apply for any assistance or services provided by the Senior Citizens Services Program.
2. Receive courteous and fair treatment with no discrimination because of race, sex, religion, political beliefs, or handicap.
3. Receive a prompt decision on your application (within 10 days).
4. Expect that information that you give will not be disclosed or used for any purposes other than those necessary for administration of the program.
5. Request an information hearing from the Area Agency on aging. If you are dissatisfied with the outcome of the informal hearing, you may request the department provide a fair hearing as specified in Chapter 388-08 WAC.

YOUR RESPONSIBILITIES - YOU HAVE A RESPONSIBILITY TO:

1. Provide correct and complete information on your application and all other forms related to your eligibility.
2. Apply for and use any services from other sources for which you may be eligible.
3. Report to the service providers any changes of your name, address or in your circumstances which may affect your eligibility or the amount of fees you pay for services, such as income, resources or family composition.